



Group Name:
Requested Eff. Date:

HMO/POS PLAN CONFIRMATION

- Billing Option** Please select one: composite rates member level list billing
 Section 125 Please select one: yes no

Only complete this section if the employer wants to make a change to the plan and product options.

Choose up to 5 Medical/RX Plans:

Choose a MetLife Dental plan, one basic Life/AD&D option, and supplemental Life plan (MetLife products are optional riders*)

Medical / RX Plan Choice
<input type="checkbox"/> Bronze 7150/ 40788TX0200004
<input type="checkbox"/> Bronze 6500/ 40788TX0200001
<input type="checkbox"/> Silver 5000/ 40788TX0210007
<input type="checkbox"/> Silver 3750/ 40788TX0210004
<input type="checkbox"/> Silver 2000/ 40788TX0210008
<input type="checkbox"/> Silver 3000/ 40788TX0210005
<input type="checkbox"/> Gold 1500/ 40788TX0220004
<input type="checkbox"/> Gold 1000/ 40788TX0220005
<input type="checkbox"/> Gold 750/ 40788TX0220006
<input type="checkbox"/> Gold Copay 40/ 40788TX0220001
<input type="checkbox"/> Gold Copay 30/ 40788TX0220002
<input type="checkbox"/> Bronze HSA 5800 EMB/ 40788TX0200003

MetLife Dental Plans
<input type="checkbox"/> Basic Dental
<input type="checkbox"/> Mid Dental
<input type="checkbox"/> High Dental
<input type="checkbox"/> Value Plan 1/500
<input type="checkbox"/> Value Plan 2/1000
<input type="checkbox"/> Value Plan 3/1500
<input type="checkbox"/> Value Plan 4/1500 Ortho
<input type="checkbox"/> MET290 (DHMO)

Superior Vision Rider
<input type="checkbox"/> YES
<input type="checkbox"/> NO

Short and Long Term Disability
<input type="checkbox"/> STD/LTD(see chart)

Basic Life / AD&D
<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$35,000
<input type="checkbox"/> \$50,000
<input type="checkbox"/> Supplemental Life

Pediatric Dental Coverage: The Affordable Care Act (ACA) requires us to be reasonably assured that each member on this insurance plan has coverage for pediatric dental services that are essential health benefits. To help you meet this requirement, you can select **MetLife** Dental coverage, which will meet the requirements of the ACA relating to essential health benefits. You may also obtain dental coverage through another source. If so, we ask that you attest that the dental coverage you are providing to your employees and their dependents meets the essential health benefit requirements for pediatric dental benefits and provide us the name of your dental carrier.

I hereby attest that the coverage provided by the below listed carrier meets the requirements for pediatric dental benefits required by the ACA:

NAME OF DENTAL CARRIER:

ELIGIBILITY	Indicate New Hire Waiting Period	
	Late Enrollees	1st day after 90 day waiting period*, or 91st day
	Term of Coverage	End of the month
	Newborns	Within 60 days of birth (with notification)
	Dependents	To age 26
	Retirees	Not covered
	Leave of Absence	Not covered
	Participation	75% of eligible employees
	Employer Contribution	At least 50% of the employee's single premium

Employer agrees that SWHP will only be available to employees who work at least 30 hours per week

- Medical, prescription, and dental benefits are based on a calendar year
- Dental, life and disability coverage underwritten by MetLife (Metropolitan Life Insurance Company, New York, NY 10010).
- Employer agrees to maintain workers compensation or to be financially responsible for work-related injuries or illnesses. SWHP does not cover work related injuries or illnesses.
- Premium is due the 1st of the month that coverage is effective.
- For your convenience, you can pay online at www.swhp.org

Employer Signature

Date

Please sign and return this page to SWHP in the enclosed postage paid envelope, or send to your SWHP Account Representative or broker through fax or email.